

Missouri Department of MENTAL HEALTH

SERVE

EMPOWER

SUPPORT

573-751-4122 800-364-9687

1706 E. ELM ST. P.O. BOX 687 JEFFERSON CITY, MO 65102

WWW.DMH.MO.GOV

FISCAL YEAR 2023 ANNUAL REPORT

Mental Health Commissioners

Mina Charepoo, M.D. St. Louis Brian Neuner Columbia

Teresa Coyan Springfield Dennis H. Tesreau, J.D. Herculaneum

Dana A. Hockensmith, J.D. St. Louis

Lynne Unnerstall
Washington

Department Leadership

Valerie Huhn, Director 573-751-3070

Nora Bock, Director, Division of Behavioral Health 573-751-9499

Rikki Wright, Deputy Director 573-751-7033

Molly Boeckmann, Director, Division of Administrative Services 573-751-4055 Jessica Bax, Director, Division of Developmental Disabilities 573-751-8676

Table of Contents

Department Overview	4
Division of Administrative Services	6
Division of Behavioral Health	6
Division of Developmental Disabilities	7

Mission

Serving, empowering and supporting Missourians to live their best lives.

Vision

Missourians are safe, valued and supported community members.

Core Values

Accountability Collaboration Empathy Excellence Inclusion Innovation Responsiveness Transparency

Guiding Principles

Safety is central to a person's physical, mental and emotional well-being.

DMH fosters safe environments for individuals and staff by modeling and encouraging safe and healthy behaviors and practices.

Every person has value and should be respected.

DMH upholds personal dignity and allows for individual choice and control whenever safely possible.

Evidence-based practices are key to success.

DMH adopts evidence-based or emerging best practices across all programs.

Data and performance will drive decisions.

DMH collects, analyzes, shares and uses data to inform decisions, policies, programs and practices.

Overview

State law provides three principal missions for the Department of Mental Health:

- (1) Prevention of mental disorders, developmental disabilities, substance use disorders, and compulsive gambling;
- (2) Treatment, habilitation, and rehabilitation of Missourians who have those conditions; and
- (3) Improvement of public understanding and attitudes about mental disorders, developmental disabilities, and addictive disorders.

Mental Health Commission

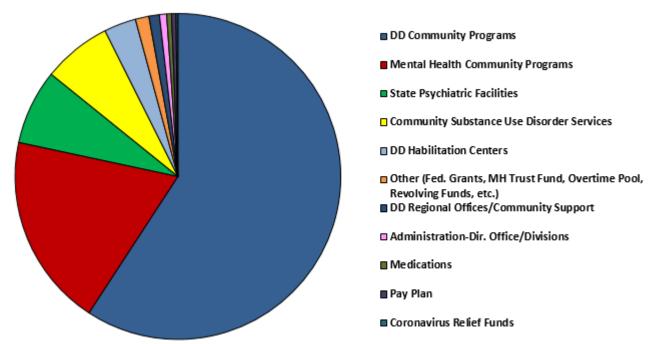
The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with confirmation of the State Senate. The Commissioners are appointed to four-year terms by the Governor, again with the confirmation of the Senate. Commissioners serve as principal policy advisers to the department director. The Commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and substance use disorders and who have expertise in general business matters.

The <u>Department of Mental Health</u> (DMH) is comprised of three divisions that serve more than 170,000Missourians annually: Division of Administrative Services, Division of Behavioral Health and Division of Developmental Disabilities.

Fiscal Year 2023 DMH Budget by Program Category

Budget Category	Amount	% Total	FTE
DD Community Programs	\$2.063 billion	59.20%	25 FTE
Mental Health Community Programs	\$667 million	19.16%	31 FTE
State Psychiatric Facilities	\$259.2 million	7.44%	3,819 FTE
Community Substance Use Disorder Services	\$237 million	6.81%	29 FTE
DD Habilitation Centers	\$111 million	3.18%	2,395 FTE
Other: (Fed. Grants, MH Trust Fund, Overtime Pool, Fed. Revolving funds, etc.)	\$47 million	1.35%	10 FTE
DD Regional Offices/Community Support	\$36.4 million	1.05%	688 FTE
Administration-Dir. Office/ Divisions	\$25 million	0.71%	225 FTE
Medications	\$17 million	0.48%	0 FTE
Pay Plan	\$15 million	0.43%	0 FTE
Coronavirus Relief Funds	\$7 million	0.19%	3 FTE
TOTALS	\$3.485 billion	100.0%	7,225 FTE





- DMH generates \$338 million per year in reimbursements from Medicaid, Medicare, Disproportionate Share Hospital (DSH) and other third party pay.
- Approximately 63% of all DMH GR funding is used as match for DMH services fundedthrough the Medicaid program.

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

- 1. Audit, Investigations, Deaf Services, Office of Constituent Services
- 2. Information Systems
- 3. Office of Public and Legislative Affairs (includes Disaster Services)
- 4. Human Resources
- 5. General Counsel (Regulations, Hearings and Appeals)

DMH makes services available through state-operated facilities and also contracts with private organizations and individuals. The state-operated facilities include five adult psychiatric hospitals and one children's psychiatric facility. In addition, four habilitation centers, three community support agencies, one crisis community support agency, five regional offices and six satellite offices serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 1,300 contracts.

Division of Administrative Services

The Division of Administrative Services includes the following units:

- 1. **Accounting:** oversees and monitors all funds, manages expenditures, administers grant funds, and produces fiscal summaries, analyses and reports.
- 2. **Purchasing and General Services:** establishes and administers contracts with private agencies or individuals to provide services in the community and is also responsible for various General Services functions in central office.
- 3. **Budget and Finance:** develops and monitors the annual budget, oversees the legislative fiscal note process, provides expenditure oversight, analyzes and compiles financial and other related reports.
- 4. **Reimbursements:** collects payments from private insurance, Medicaid and Medicare, and private pay for department services and coordinates revenue maximization activities.
- 5. **Medicaid:** directs Medicaid issues for DMH. Responsibilities include assisting the program divisions in developing and implementing new Medicaid covered programs, interpreting and ensuring compliance with Medicaid state plans and federal regulations, and initiating and implementing revenue maximization strategies. The section also works closely with the Department of Social Services/MO HealthNet Division and Medicaid legal consultants.

Division of Behavioral Health

The Division of Behavioral Health (DBH) manages programs and services for individuals who need help for mental illnesses and/or substance use disorders. Services available include evaluation, crisis intervention, treatment, rehabilitation, recovery supports, family and youth supports, prevention, education, and mental health promotion. Additional information on mental illness and/or substance use disorder <u>Treatment Services</u>, <u>Prevention Services</u>, and <u>Recovery Support Services</u> is available on the <u>DMH website</u>.

Most prevention, treatment and recovery services are provided by community programs that have contracts with the DBH. These programs must meet federal and state requirements in order to provide mental health and substance use disorder services.

Those who have priority for mental health services are:

- Individuals with serious mental illness,
- Individuals and families in crisis,
- Individuals with mental illness who are homeless.
- Individuals committed for treatment by the court system, and
- Children with severe emotional disturbances.

For substance use disorder treatment, priority is given to:

- Pregnant women,
- · Individuals who inject drugs, and
- Specific referrals from other state agencies.

These services help make communities safer by getting individuals the help they need; ensure use of appropriate resources, which can reduce emergency room visits and involvement with law enforcement; and promote student engagement in school.

Find a list of all State Operated Psychiatric Hospitals and Facilities

The DBH, upon orders from circuit courts, provides pretrial evaluations pursuant to Chapter 552, RSMo. Evaluations must be completed by certified forensic examiners who have very specific qualifications. Under Chapter 552, RSMo., the DBH is mandated to monitor individuals in forensic status who have been acquitted as not guilty by reason of mental disease or defect and given conditional release to the community by circuit courts.

Division of Developmental Disabilities

The Division of Developmental Disabilities (DDD) is committed to improving the quality of life for individuals with developmental disabilities and their families. Offering support across the lifespan, the DDD implements a statewide system of supportive services that focus on assuring health and safety, supporting access to community participation, and increasing opportunities for meaningful employment.

The DDD provides services for individuals with developmental disabilities such as intellectual disabilities, cerebral palsy, Down syndrome, autism, and epilepsy. Such conditions must have occurred before age 22 and be considered lifelong in duration. Service eligibility also requires the disability to have serious impact on multiple areas of functioning.

Thousands of Missourians access person-centered supports through home and community-based service waiver settings to promote independent living. Find more information and descriptions on the <u>Home and Community Based Waiver Programs and Services</u> on the <u>DMH website</u>.

Within the DDD, a few hundred individuals live in state-operated facilities, while most individuals live with their family or relatives and receive family support services; many live alone in their own homes or with one or two other individuals who receive Individualized Supported Living (ISL) services.

Regional and Satellite Offices

Regional and Satellite Offices are the entry point into the service system. There are five regional office sites supported by six satellite locations. A list of the Regional and Satellite Offices can be found on the website under Regional Offices.

Find the list and information on **State Operated Services**: Habilitation Centers

The following FY 2023 Annual Report-Strategic Directions 2022-2027, info-graphic document has eight themes which outline many of the department's processes and outcome measurements. The themes are: Workforce, Mental Well-being, Technology, Quality Outcomes, Capacity and Infrastructure, Children's Services and Supports, Independence and Self-sufficiency, and Operational Excellence.

Missouri Department of Mental Health 1706 East Elm St., P.O. Box 687 Jefferson City, MO 65102 573-751-4122 or 1-800-364-9687 www.dmh.mo.gov



FY2023 ANNUAL REPORT

Strategic Directions 2022-2027

8

Strategic Directions Themes 303

Defined Initiatives 58

Completed Initiatives

WORKFORCE

DMH is committed to fostering professional development, optimizing personal management practices, and creating a supportive work culture.

Initiatives Defined 13 Initiatives Completed



7,372 FTE

An 11% increase since July 2022

35%

DMH Turnover Rate

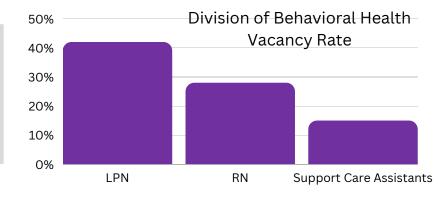
Workforce shortages affect DMH and all provider agencies from front line direct support professionals to clinical staff.

70%

DMH Support Care Turnover Rate

40%

Division of Developmental Disabilities Direct Care Vacancy Rates



Targeted Salary **Adjustments**



Implemented a

\$2.00

pay differential

Applied pay differential by hour and expanded eligible classifications

8.7%

Pay Increase for all DMH Staff

Critical Incident Stress Management (CISM)

Launched DMH Peer Network of Critical Incident Stress Management (CISM)



45,000 hrs

of LinkedIn Learning content viewed by DMH staff

Professional Development

Implemented

Leadership

Development

Award (PLDA)

More than

Professional and

27

graduates from the DMH Leadership Academy

Conducted

3 day training sessions

75

trained CISM peers joined the network

51

Referred Incidents in the first 3 months during the "soft launch" of the program April-June, 2023.



DMH Safety Assessments

Conducted Safety site visits with General Service's at all regional offices and implemented safety improvements.

Established Alert, Lockdown, Inform, Counter and Evacuate (ALICE) trainers in all DMH locations and conducted ALICE trainings to prepare staff on how to handle various situations.

WORKFORCE

Behavioral Health Community Support Provider Workforce Data

40-60%

Missouri turnover rate for case management level employees

20%

of providers listed case management as an area of "greatest need"

For every open position, approximately

20 consumers

are not receiving services.

Behavioral Health Support (BHS) Associates Program

The Associate of Applied Science Degree in Behavioral Health Support is designed to prepare students for employment within the behavioral health provider network immediately upon graduation. This first-ofits-kind program was created to address substantial job vacancies and minimize staff turnover in entry-level positions within Missouri's behavioral health workforce.

78 students currently enrolled

128

graduated students



IDD Community Workforce Data

from NCI's 2021 State of the Workforce Survey

51.8%

MO DSP

Turnover Rate

14.7%

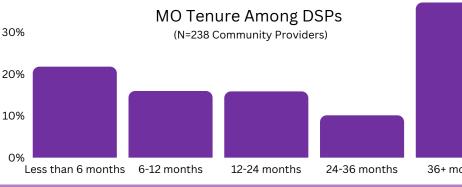
MO Full-Time DSP Vacancy Rate



\$13.69

MO DSP Average

The stability of the Direct Support Professional (DSP) workforce impacts the safety and security of individuals served. Each year National Core Indicators Intellectual and Developmental Disabilities (NCI-IDD) works with member states to implement the State of the Workforce Survey.





Registered **Apprenticeship**

Missouri is the first state in the nation to develop a Registered Apprenticeship to address the national direct care workforce shortage crisis.



264

Enrolled Apprentices in FY23

68%

Retention Rate

17

Missouri Employer **Partners** participating in registered apprenticeship program.

Graduates earned the certified direct support professional credential in

FY 23

Over

\$1 million

in estimated savings in staffing replacement costs

CAPACITY AND INFRASTRUCTURE

Initiatives Define

50

Initiatives Defined

9

Initiatives Completed

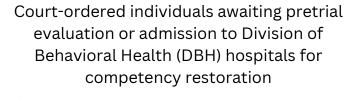
DMH is committed to strengthening Missouri's existing mental health system and increasing access to mental health services.

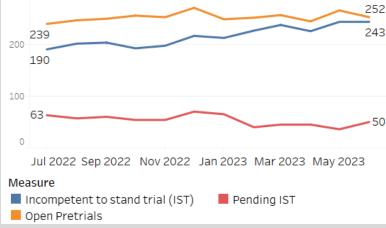
Access to Care

Many Missourians struggle to access mental health services. Lack of access, system-wide, is creating strain on Missouri's health and judicial systems.

Division of Developmental Disabilities waiver funded individuals waiting for a new residential provider.







Behavioral Health Crisis Centers (BHCC)

8BHCC brought online in FY23

18 total BHCC

23,464

referrals

6.3 mins

Average time law enforcement spends at BHCC

5.4 hrs

Average length of stay



\$77.7 Million

estimated cost saving from hospital diversions

\$1.3 Million

estimated cost saving from jail diversions

Bed Expansion St Louis Forensic Treatment Center North Expansion dedicated **75 beds** to competency restoration

Reconceptualization

Reconceptualization of Department of Mental Health space to maximize underutilized placement capacity admissions to DMH reconceptualization beds since launch in February

Began operational transformation of DMH habilitation centers

Advanced Aging Caregivers Collaborative

Stakeholders across aging and developmental disabilities identified key priorities to be included in Missouri's Master Plan on Aging



CAPACITY AND INFRASTRUCTURE

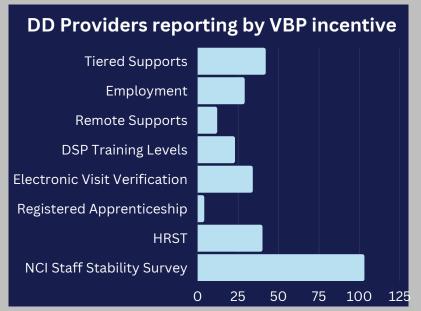


Value Based Payments (VBP)

Developed and launched VBP models that pay enhanced rates for quality of care instead of traditional fee-for-services.

197 providers

Implemented the process to receive Value Based Payments from the Division of Developmental Disabilities (DD)



The Division of Behavioral Health developed payment models and obtained legislative approval to make value based payments for Recovery Support Providers

Certified Community
Behavioral Health
Organization
(CCBHO)

6 new CCBHOs serving over

20,000

consumers

CSTAR Transformation

Transformed the Comprehensive Substance
Treatment and Rehabilitation (CSTAR)
programming to be a medical-focused,
evidence-based, outcomes-driven model of
care by incorporating the American Society of
Addiction Medicine (ASAM) criteria, reducing
fee for service reimbursement methodology,
and embracing a team based approach, to
better address substance use as a chronic care
model and improve availability of evidence
based practices throughout the service array.

48% of CSTAR

contracted agencies have completed the transformation

Over

2,500

provider staff trained in the ASAM criteria

American Rescue Plan Act (ARPA)

5 out of 7

ARPA projects completed the planning phase

25%

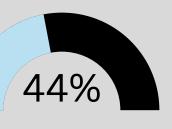
of ARPA expenditures have been paid

Rate Standardization

\$546 million in funding achieved rate levels to support a \$15 per hour starting wage for direct support professionals providing Developmental Disabilities waiver services.

Caseload Privitization

The Division of
Developmental
Disabilities caseload
privitization is 44%
complete



965

16%

Individual's caseloads transferred to contracted Targeted Case Management agencies

Reduction of State Support Coordination Caseload

TECHNOLOGY

25
Initiatives Defined
8
Initiatives Completed

DMH is committed to advancing technology systems to better support DMH staff and individuals.



Implemented the Health Risk Screening Tool (HRST), a tool used to provide early detection of health risks and destabilization, for Division of Developmental Disabilities waiver participants.



Initiated the use of REDCap to enhance digital collection of information.

- Provider Notice Portal
- Value Based Purchasing Data Reporting
- HRST onboarding





Learning Management System

Transitioned all 24/7 operations into a dynamic e-learning platform offering content specific to the healthcare community.



Technology Updates to Support Electronic Health Record (EHR)

Initiated upgrade of wireless networks in 12 of 14 locations.

1,302

new wireless access points

563 new laptops



87

new Chromebooks

28

new wi-fi controllers

70

new switches

Installed fiber to connect

13

group homes to the main campuses.

41

new charging cabinets

130

new medical grade sit/stand rolling desks

TECHNOLOGY

Claims Validation System (CVS)

CVS has processed over 4 million original claim visits since implementation on July 1, 2021. With an increase in the number of providers billing in CVS in FY23, the original claim visit payment count increased by 13%. As processes are improved, it is anticipated the overall count to continue to increase.

Substance Awareness Traffic Offender Program (SATOP) Payment System

Launched electronic payment system January 2023

- Ability to make electronic fee payments
- 382 payments made since launch
- Eliminate need for money orders and trips to a bank

Electronic Health Record (EHR)

DMH is transitioning to a cloud-based EHR solution for 15 State Operated hospitals and programs in the Division of Behavioral Health (DBH) and Division of Developmental Disabilities (DDD). An EHR will modernize and streamline all aspects of facility operations from admissions and bed management to treatment plans, pharmacy, billing, and quality compliance. EHR implementation will create efficiencies for DMH staff and help improve patient outcomes.



DMH's Electronic Health Record Project was 55% complete at the end of FY 2023.

Phase 1: IT Strategy Planning Phase 2: Business Planning Phase 3: Procurement Phase 4: Implementation/Stabilization Phase 5: Close-Out Maintenance and Operations 0 25 50 75 100

FY23 EHR Project Accomplishments:

- Vendor Demonstrations Conducted 5 vendor demonstrations. Each vendor showcased an EHR solution to 100+ DMH staff over 2 days.
- Vendor Evaluation DMH EHR Research and Evaluation Team analyzed possible EHR solutions and identified top solutions.
- Leadership Roadshow EHR Project
 Team met with leadership at each State
 Operated facility to strategize EHR
 communications, increase EHR
 understanding, and plan EHR
 implementation including assessing
 Wi-Fi capability.
- The Statement of Work (SOW) was drafted including 1,140 total requirements, 13 interface requirements, 9 data import/export requirements, 29 contract requirements, and the pricing pages. The SOW will ultimately become the EHR contract with a selected vendor.
- Research and Analysis for connections with the Health Information Network (HIN), Contract Amendments, Data Sharing Agreements, and Staffing Needs for the next phase have been completed.

QUALITY OUTCOMES

DMH is committed to promoting quality outcomes for individuals in its care and in the community through policy, best practices, and compliance.

37

Initiatives Defined

6

Initiatives Completed

SMART TRAINING

Situational Management and Response Techniques (SMART) are trauma informed interventions used in DMH adult psychiatric hospitals for management of patients experiencing challenging and aggressive behaviors.

100%

of DMH adult psychiatric hospitals initiated SMART Training. 100%

of DMH adult psychiatric hospitals new employees complete SMART.

100%

of DMH adult psychiatric hospital employees complete annual SMART refresher training.

Employees with direct patient care duties complete additional, more comprehensive and intensive SMART training program.

Autism Commission

The Autism Commission analyzed and developed strategic goals to address issues for those with an autism diagnosis transitioning to adulthood.

Common Ground

Department leadership and program directors prioritized support systems for individuals with both serious mental illness (SMI) and DD

Station MD

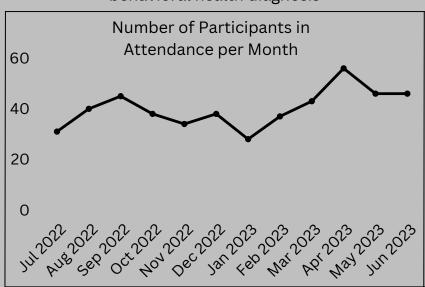
Percent of Station MD Consults that

Deflected Emergency Care

75%
50%
25%
0%
FY23Q1 FY23Q2 FY23Q3 FY23Q4

Missouri Alliance for Dual Diagnosis (MOADD)

ECHO MOADD (Missouri Alliance for Dual Diagnosis) is a collaborative effort between Department of Mental Health, leading content experts, and providers with interest in developing expertise in supporting children with a dual developmental/intellectual and behavioral health diagnosis



QUALITY OUTCOMES

Tiered Supports



Tiered Supports is a state sponsored consultation process focused on helping organizations develop systems to support positive practices for improved services

Tier 1: Universal Strategies

- Tools for Everyone: training basic positive, relation-building skills to anyone from families to provider staff to hospital personnel that can increase rapport and improve relationships.
- Enhanced school collaboration.
- Implemented Value Based Payment (VBP) model for ISL services focusing on Tier 1 systems.

59

71

providers trained providers received consultation

Tier 2: Targeted Strategies

- Standardized transition policy following organizational efficiency, including division focused consultation for placement emergency.
- Developed and implemented a weekly huddle with all regions focusing on placement and behavioral support emergencies.
- Developed a workshop series aimed at helping residential providers identify common risk areas and teach individuals additional skills to address needs.

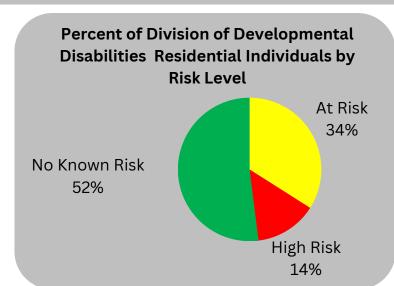
72 providers

trained

9

146

providers received consultation completed transition consultations



- Developed and launched Mental Health Monday communication to IDD service Providers
- Developed and launched BHIDD Weekly communication to BH service providers
- Released MOADD Best Practice Manual

Tier 3: Intensive Strategies

- Development and implementation of clinical workshop series for behavior analysts aimed at increasing problemsolving and complex case management.
- Following organizational efficiency, standardized statewide professional peer review committee for behavioral supports and those individuals experiencing the highest risk.
- Developed and is piloting a behavior support plan (BSP) template that aims to make BSPs more effective and easier to understand.

98

48

individual clinical consultation

professional service providers trained

OPERATIONAL EXCELLENCE

DMH is committed to developing skills, changing approaches, and improving processes to create an environment of continuous improvement.

64
Initiatives Defined
12
Initiatives Completed

Continuous Improvement

Average Quarterly Pulse Survey (QPS) Response

2,343

Expectations: 66%

Employees clearly understand what is expected of them

Invested: 85%

Employees really care about the fate of the organization

Missouri Way Training
White Belt Completions
(FY23)

145



Missouri Way Training Yellow Belt Completions (FY23) **151**



Role: Employees understand how they contribute to the organization's vision 0.75 0.5 64% 67% 69% 0.25 0 QPS 10 QPS 12 QPS 14 QPS 16

Communication

Customer Feedback

Implemented a customer feedback survey for Division of Developmental Disabilities (DD) to display in their email signature and to be accessible via the DD webpage.



Strategic Directions

Rolled out Strategic Directions through email communication, updated website, flyers posted at locations, and a theme video series.

Bi-weekly Calls

DMH hosts Bi-weekly calls to inform staff of current events happening within DMH, teach staff about programs throughout DMH, and improve internal communication.



Average number of staff attending Bi-weekly Calls

608

Social Media

Initiated evaluation and optimization of DMH's social media footprint.

OPERATIONAL EXCELLENCE

Positive Work Environment

DMH Way The DMH Foundation Training is designed and set up to help improve personal leadership and bring performance, and team's performance, to new heights. The main goals of this training are to help create even stronger working relationships, engage staff, create fulfillment in their role, and drive retention in positive ways.

22

Listening sessions held with DMH staff Developed Leadership Playbook 15

DMH Way Foundation Sessions hosted/ delivered 1,116

Leaders attended a DMH Way Foundation Session 99

Virtual DMH Way Implementation Support Sessions hosted/delivered

Division of Development Disabilities (DD) Culture



Developed a Cultivating Culture Podcast Series, A monthly podcast that explores ways to improve office and employee related culture within DMH. Achieved through in-depth discussions with experts in the field.

Initiated a Culture Landscape Scorecard at DD regional and central office locations to identify areas of strength and weakness, inform an action plan to address culture, and measure progress towards culture efforts.



Acknowledging and genuinely appreciating State Team Members for a job well done is proven to be one of the top motivators for morale and motivation. As such, formal and informal rewards and recognition are important tools when it comes to increasing job satisfaction, engagement, and retention of our valuable state team members.

Appointed a DMH appreciation ambassador

Created a DMH appreciation committee

Hosted
appreciation events
throughout the
month of June

Created an appreciation video series featuring staff across the state

Data Driven: Data Culture



- Completed a Data Culture Assessment in the Division of Behavioral Health with responses from 104 staff across the Division. The results provided guided action for groups to data to improve upon areas of weakness.
- Gathered material to develop learning paths for data culture improvement across the department.

MENTAL WELL-BEING

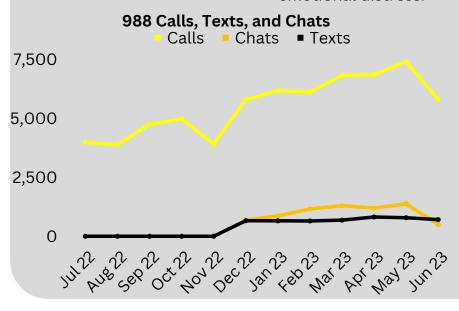
DMH is committed to helping people cope with life's stresses so they can be healthy, happy, and productive members of their communities.

Initiatives Defined Initiatives Completed



988 is a three-digit number that offers 24/7 and statewide access to crisis services via call, text, or chat. Trained crisis specialists are available and can help individuals experiencing suicidal thoughts, substance use, and/or mental health crisis or any other kind of emotional distress.





988 Top 3 Reasons for Call

Mental Health Needs or 32% Referral Assistance

27% **Currently Suicidal**

14%

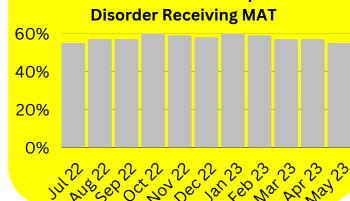
Acute Mental **Health Crisis**

Medicated Assisted Treatment (MAT)

123%

increase of Alcohol Use Disorder consumers receiving MAT from May 2022 to end of April 2023.

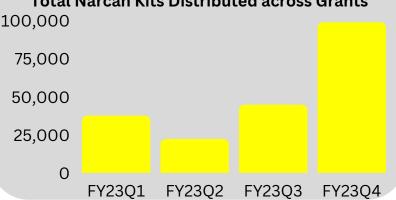
Percent of Persons with Opioid Use Disorder Receiving MAT



Opioid

- Increased the number of individuals experiencing an overdose referred to treatment services, wrap around care, and OEND through EPICC programming.
- · Increased access to prescription drug disposal bags.

Total Narcan Kits Distributed across Grants



MENTAL WELL-BEING

Substance Awareness Traffic Offender Program (SATOP)

SATOP reduces repeat driving while intoxicated (DWI) offenses by helping individuals address alcohol and substance use. 13,260

individuals completed a state certified DWI program.

Well-being Playbook

Developed a Missouri Well-being Playbook that aims to provide guidance to Missouri Department of Mental Health (DMH) and other hospital systems and spotlight strategies that have worked well to promote and sustain wellness.



Housing

Number of Missourians experiencing homelessness served by DMH-DBH outreach programs during 2022 program year:

2,048

Preparedness Exercises

- Completed the first ever all facility, regional office and central office tabletop exercise at State Emergency Management Agency (SEMA)
- Completed a full scale Victim Information Center exercise with SEMA and other partners to test our mass fatality plan.
- Participated in a functional exercise for Emergency Repatriation in St. Louis

Behavioral Health Strike Team

Hosted two Behavioral Health Strike Team summits with a focus on mass casualty events

85 individuals

attended Behavioral Health Strike
Team summit

Presented on the **Behavioral Health Strike Team** and the **Crisis Counseling Program** at the Spring Training Institute and the Region 7 Mass Care

Virtual Lunch and Learn

Trainings

8,236	People trained in Mental Health First Aide
109	People trained to be trainers in Psychological First Aid
109	People trained in Stress First Aid

Response

DMH and community partners respond during manmade or natural disasters by providing trauma supports and connecting individuals to mental health community resources.

- Managed crisis counseling program for July 2022 St Louis flash flooding.
- Activated behavioral health strike teams for CPVA school shooting.
- Activated behavioral health strike teams for 2 floods and 2 tornados.

INDEPENDENCE AND SELF-SUFFICIENCY

DMH is committed to increasing independence and self-sufficiency within Missouri's mental health system.

22
Initiatives Defined

1
Initiative Completed

Universal Design and Assistive Technology (UDAT)

Technology First

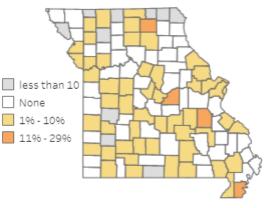
Technology First is the practice of considering the use of technology before direct support professionals. Technology can be a creative solution to support a person's desire for more independence at home, in the community, and at work.

Consultations, Technical Assistance, and Trainings Assistive Technology

481 Environmental Accessibility Adaptations

208

New Individuals using Assistive Technology or Remote Supports Percent of individuals in the Division of Developmental Disabilities with a Medicaid waiver who are authorized for assistive technology or remote supports



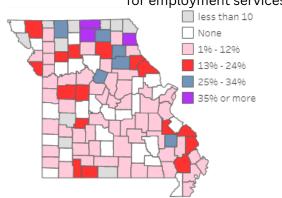
Employment and Community Integration

Number of Division of Developmental Disabilities individuals in a
Medicaid Waiver Accessing Employment Services in FY23

- Authorizations
- Utilizations



Percent of individuals in the Division of Developmental Disabilities ages 14-64 with a Medicaid waiver who are authorized for employment services



293

new I/IDD individuals accessing employment waiver services

Individual Placement and Support (IPS) Evidence Based Practice Employment Program

DBH is the state agency lead of the Office of Disability Employment Policy (ODEP) awarded National Expansion of Employment Opportunities Network Initiative (NEON).

- 1 of 10 state to receive award.
- Focus upon promotion of benefits planning.

1,409
IPS
Individuals
served

sites
operated by
19 agencies

50%IPS
Employment

Rate

Assertive Community Treatment Teams with Employment Specialists

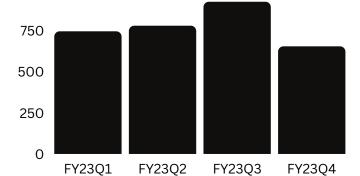
9 teams for Adults

teams for transitionage youth

INDEPENDENCE AND SELF-SUFFICIENCY

Autism Services

Total Seen for Autism Spectrum
Disorder (ASD) Evaluations





1,000

70%

of individuals seen for ASD evaluations received an Autism diagnosis

DMH Funded Autism Education



1,892

Family Members



2,932

Professionals



2,838

Students/Trainees

Peer Supports

1,498

Certified Peer Specialist (CPS)

36

Certified Reciprocal Peer Recovery (CRPR)

12

Youth Peer Specialist (YPS)

79

Family Support Provider (FSP)

Family Supports

12

MO DDD & You webinars hosted with Families and Individuals as the targeted audience

74

Average attendees at MO DDD & You webinars in FY23

4,214

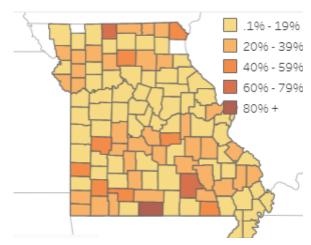
Referrals to Missouri Family-to-Family (UMKC) FY23

Self-Directed Services

Increased utilization of selfdirected services by

12%

Percent of individuals in the Division of Developmental Disabilities with a Medicaid waiver using Self-Directed Services



CHILDREN'S SERVICES AND SUPPORTS

DMH is committed to revamp Missouri's children and adult mental health systems to provide appropriate levels of care, support, and education.

Initiatives Defined

Initiatives Completed

Children's Waiver

Initiated development of Children's Waiver targeted at providing support for youth boarded at hospitals.

1.6 services

is the average number of services provided for youth in Children's Division custody

39%

Of youth waiting for a developmental disabilities residential care in the Division of Developmental Disabilities are under the age of 15

First Episode of Psychosis

First episode psychosis (FEP) is the period of time when an individual experiences the initial onset of psychosis. FEP typically occurs in young people between the ages of 15-35. The goal in supporting individuals experiencing FEP is to provide early identification and treatment of psychosis which will help shorten the duration of psychotic episodes, reduce recurrences, and limit the decline in functioning that occurs as the disease progresses.

2023 Accomplishments

- Implemented First Episode of Psychosis coordinated care teams.
- DMH partnered with Missouri Institute of Mental Health and developed Missouri's Early Psychosis Care (EPC) Center
- Engaged MIMH to collect data on psychosis.
- Hosted informational booths at the School Resource Officers Conference, DESE's Transition Training Institute, and DESE's Special Education Directors Conference.
- Developed **best practice cente**r for first episode psychosis to be a resource hub for community engagement & FEP education.
- Initiated work with CCBHO's to develop and implement First Episode of Psychosis
 Coordinated Specialty Care (CSC) teams.

72

Law enforcement and first responder attended the First Episode of Psychosis Summit at the Crisis Intervention Team Conference. 300

Providers, academics, and other interested parties attended the First Episode of Psychosis conference.

CHILDREN'S SERVICES AND SUPPORTS

17,104

youth served by
Division of
Behavioral
Health

1,083

youth served by Division of Development Disabilities (DD) and Children's Division

\$60,000,000

\$40,000,000

\$20,000,000

\$0

Child Specific

(non waiver)

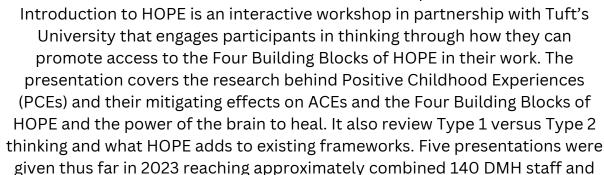
Amount spent on youth served by DD and Children's Division

DD Residential

DD Waiver

Project HOPE

HOPE (Health Outcomes from Positive Experiences):



Parents As Teachers home visitors.



Family First 1,087

Family First Referrals

High Risk Youth

4,440

Number served in FY23

Youth Behavioral Health Liasons (YBHL)

4,182

YBHL Referrals

82%

were referred to mental health services



Custody Diversion

collaborating with other state agencies and provider network to update custody diversion protocol to include more proactive coordination

Children's Mental Health Week

This year marked the 32nd year of Children's Mental Health Week in Missouri. Several events were held across the state to focus on resiliency and mental wellness of youth. On May 2nd DMH in partnership with the National Alliance of Mental Illness (NAMI) Missouri, attended a proclamation signing event with Governor Parson.